

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SHORE PAC

ADDRESS (number and street)

PO Box 3157

Check if different  
than previously  
reported. (ACC)

Long Branch

NJ

07740

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00410308

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Goode, Warren, B, ,

Type or Print Name of Treasurer

Signature of Treasurer

Goode, Warren, B, ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SHORE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2016</div>		<div>105727.68</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>80582.24</div>	
(c) Total Receipts (from Line 19) .....	<div>82200.00</div>	<div>300700.00</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>162782.24</div>	<div>406427.68</div>
7. Total Disbursements (from Line 31).....	<div>31100.53</div>	<div>274745.97</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>131681.71</div>	<div>131681.71</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**SHORE PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
09		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
09		30		2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

2700.00

29700.00

## (ii) Unitemized .....

0.00

0.00

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2700.00

29700.00

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

79500.00

271000.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

82200.00

300700.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

## (a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

## (b) Levin Funds (from Schedule H5) .....

0.00

0.00

## (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

82200.00

300700.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

82200.00

300700.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4100.53	52245.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4100.53	52245.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	222500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31100.53	274745.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31100.53	274745.97

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	82200.00	300700.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	82200.00	300700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	4100.53	52245.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	4100.53	52245.97

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 27  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Van Dyk, Robert, , ,**

Mailing Address 304 South Van Dien Avenue

City  
Ridgewood

State  
NJ

Zip Code  
07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Van Dyk Health Care Systems

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : 11ai-000039710**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2700.00

2700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 27

☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. American Speech Language Hearing Association PAC (ASHA PAC)**

Mailing Address 2200 Reseach Boulevard

City  
Rockville

State  
MD

Zip Code  
20852

FEC ID number of contributing  
federal political committee.

**C** C00210666

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**09** / **07** / **2016**

**Transaction ID : 11c-000039704**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. American College of Cardiology PAC**

Mailing Address 2400 N Street NW

City  
Washington

State  
DC

Zip Code  
20037-1153

FEC ID number of contributing  
federal political committee.

**C** C00375360

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09** / **07** / **2016**

**Transaction ID : 11c-000039702**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. American College of Surgeons Professional Association (ACSPA PAC)**

Mailing Address 20 F Street NW Suite 1000

City  
Washington

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00382424

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09** / **07** / **2016**

**Transaction ID : 11c-000039703**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Google NetPAC**

Mailing Address 25 Massachusetts Avenue NW

City  
Washington

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

C

C00428623

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

**Transaction ID : 11c-000039706**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. The US Oncology Network PAC**

Mailing Address 10101 Woodloch Forest Drive

City

The Woodlands

State

TX

Zip Code

77380

FEC ID number of contributing  
federal political committee.

C

C00339655

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : 11c-000039724**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. CBS Corporation PAC**

Mailing Address 801 Pennsylvania Avenue NW Suite 4

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

C00423442

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : 11c-000039715**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

8500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 27  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. American Cable Association PAC**

Mailing Address One Parkway Center

City  
Pittsburgh

State  
PA

Zip Code  
15220

FEC ID number of contributing  
federal political committee.

**C** C00364109

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**09** / **16** / **2016**

**Transaction ID : 11c-000039712**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. General Electric PAC**

Mailing Address 1299 Pennsylvania Avenue NW #1100

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

**C** C00024869

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09** / **16** / **2016**

**Transaction ID : 11c-000039717**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. National Apartment Association PAC (NAA PAC)**

Mailing Address 4300 Wilson Boulevard

City  
Arlington

State  
VA

Zip Code  
22203

FEC ID number of contributing  
federal political committee.

**C** C00113241

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09** / **16** / **2016**

**Transaction ID : 11c-000039721**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 27

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. United States Cellular Corporation PAC**

Mailing Address 8410 West Bryn Mawr Avenue

City  
Chicago

State  
IL

Zip Code  
60631

FEC ID number of contributing  
federal political committee.

**C** C00336057

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09** / **16** / **2016**

**Transaction ID : 11c-000039725**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AmerisourceBergen Corp PAC (ABC PAC)**

Mailing Address 1300 Morris Drive Suite 100

City  
Chesterbrook

State  
PA

Zip Code  
19087-5559

FEC ID number of contributing  
federal political committee.

**C** C00400929

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**09** / **19** / **2016**

**Transaction ID : 11c-000039705**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **c. The US Oncology Network PAC**

Mailing Address 10101 Woodloch Forest Drive

City  
The Woodlands

State  
TX

Zip Code  
77380

FEC ID number of contributing  
federal political committee.

**C** C00339655

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**09** / **19** / **2016**

**Transaction ID : 11c-000039709**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 27

☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. American Academy of Neurology PAC (BrainPAC)**

Mailing Address 201 Chicago Avenue

City  
Minneapolis

State  
MN

Zip Code  
55415

FEC ID number of contributing  
federal political committee.

**C**

C00435933

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

**Transaction ID : 11c-000039700**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. American Academy of Neurology PAC (BrainPAC)**

Mailing Address 201 Chicago Avenue

City  
Minneapolis

State  
MN

Zip Code  
55415

FEC ID number of contributing  
federal political committee.

**C**

C00435933

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

**Transaction ID : 11c-000039701**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. National Beer Wholesalers Association PAC (NBWA PAC)**

Mailing Address 1101 King Street Suite 600

City  
Alexandria

State  
VA

Zip Code  
22314-2944

FEC ID number of contributing  
federal political committee.

**C**

C00144766

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

**Transaction ID : 11c-000039708**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

7500.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. American Academy of Dermatology Association PAC (SkinPAC)

Mailing Address 1445 New York Avenue NW #800

City  
Washington

State  
DC

Zip Code  
20005

FEC ID number of contributing  
federal political committee.

**C** C00359539

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09** / **22** / **2016**

**Transaction ID : 11c-000039699**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B. Medtronic Inc PAC

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

**C** C00311878

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**09** / **22** / **2016**

**Transaction ID : 11c-000039707**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C. Pfizer PAC

Mailing Address 235 East 42nd Street

City  
New York

State  
NY

Zip Code  
10017

FEC ID number of contributing  
federal political committee.

**C** C00016683

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**09** / **29** / **2016**

**Transaction ID : 11c-000039722**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 27

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Auto Care Association PAC**

Mailing Address 7101 Wisconsin Avenue

City  
Bethesda

State  
MD

Zip Code  
20814

FEC ID number of contributing  
federal political committee.

**C** C00250753

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09** / **29** / **2016**

**Transaction ID : 11c-000039714**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Humana Inc PAC**

Mailing Address 975 F Street NW Suite 550

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

**C** C00271007

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**09** / **30** / **2016**

**Transaction ID : 11c-000039719**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AMGEN PAC**

Mailing Address One Amgen Center Drive

City  
Thousand Oaks

State  
CA

Zip Code  
91320

FEC ID number of contributing  
federal political committee.

**C** C00251876

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**09** / **30** / **2016**

**Transaction ID : 11c-000039713**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Honeywell International PAC**

Mailing Address 101 Constitution Avenue NW Suite 5

City  
Washington

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00096156

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09 / 30 / 2016**

**Transaction ID : 11c-000039718**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Merck Employees PAC (Merck PAC)**

Mailing Address 601 Pennsylvania Avenue NW

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

**C** C00097485

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**09 / 30 / 2016**

**Transaction ID : 11c-000039720**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Viacom International Inc PAC (Viacom PAC)**

Mailing Address 1275 Pennsylvania Avenue NW

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

**C** C00167759

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**09 / 30 / 2016**

**Transaction ID : 11c-000039726**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 27  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Air Line Pilots Association PAC**

Mailing Address 1625 Massachusetts Avenue NW

City  
Washington

State  
DC

Zip Code  
20036

FEC ID number of contributing  
federal political committee.

**C**

C00035451

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : 11c-000039711**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Genentech Inc PAC (GenenPAC)**

Mailing Address 1 DNA Way

City

South San Francisc

State  
CA

Zip Code  
94080

FEC ID number of contributing  
federal political committee.

**C**

C00199257

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : 11c-000039716**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. POET PAC**

Mailing Address 4615 North Lewis Avenue

City

Sioux Falls

State  
SD

Zip Code  
57104

FEC ID number of contributing  
federal political committee.

**C**

C00450692

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : 11c-000039723**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

**TOTAL** This Period (last page this line number only)..... ►

79500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Mailing Address PO Box 1270

City  
NewarkState  
NJZip Code  
07101Purpose of Disbursement  
See Memo Items

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Annual

State: District:

FEC Identification Number

C

Transaction ID : 21b-02-01327

Amount of Each Disbursement this Period

2450.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LAZ Parking**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Mailing Address 33 West Monroe Street

City  
ChicagoState  
ILZip Code  
60603Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Annual

State: District:

FEC Identification Number

C

Transaction ID : 21b-02-01327

Amount of Each Disbursement this Period

32.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Mailing Address 4255 Amon Carter Boulevard

City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Annual

State: District:

FEC Identification Number

C

Transaction ID : 21b-02-01327

Amount of Each Disbursement this Period

35.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2450.53

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Girl and the Goat**

Mailing Address 809 West Randolph Street

City  
ChicagoState  
ILZip Code  
60607Purpose of Disbursement  
Food & Beverage

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ritz Carlton**

Mailing Address 160 East Pearson Street

City  
ChicagoState  
ILZip Code  
60611Purpose of Disbursement  
Travel Expense

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Travel Expense

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

60.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Enterprise**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Mailing Address 5150 West 55th Street

City  
ChicagoState  
ILZip Code  
60638Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Annual

State: District:

FEC Identification Number

C

Transaction ID : 21b-02-01327

Amount of Each Disbursement this Period

391.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Mailing Address 4255 Amon Carter Boulevard

City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Annual

State: District:

FEC Identification Number

C

Transaction ID : 21b-02-01327

Amount of Each Disbursement this Period

60.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Centro Restaurant**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Mailing Address 1003 Locust Street

City  
Des MoinesState  
IAZip Code  
50309Purpose of Disbursement  
Food & Beverage

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Annual

State: District:

FEC Identification Number

C

Transaction ID : 21b-02-01327

Amount of Each Disbursement this Period

50.58

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Macaroni Grill**

Mailing Address 10000 West O'Hare Avenue

City  
ChicagoState  
ILZip Code  
60666Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

36.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

378.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ritz Carlton**

Mailing Address 160 East Pearson Street

City  
ChicagoState  
ILZip Code  
60611Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

98.34

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Aloft Chicago O'Hare**

Mailing Address 9700 Balmoral Avenue

City  
RosemontState  
ILZip Code  
60018Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Annual

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

204.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express Travel Insurance**

Mailing Address 2965 West Corporate Lakes Boulevar

City  
WestonState  
FLZip Code  
33331Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Annual

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

8.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Annual

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

458.60

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

16.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

168.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Washington Nationals**

Mailing Address 1500 South Capitol Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

130.40

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. American Express Car Rental Loss & Damage Insurance**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Mailing Address 2965 West Corporate Lakes Boulevar

City  
WestonState  
FLZip Code  
33331Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

19.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Des Lux Hotel**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Mailing Address 800 Locust Street

City  
Des MoinesState  
IAZip Code  
50309Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

4.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Des Lux Hotel**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Mailing Address 800 Locust Street

City  
Des MoinesState  
IAZip Code  
50309Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

FEC Identification Number

**C****Transaction ID : 21b-02-01327**

Amount of Each Disbursement this Period

256.48

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Woolley, Jodi, , ,**

Mailing Address 83 Navesink Avenue

City  
RumsonState  
NJZip Code  
07760Purpose of Disbursement  
Rent

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Annual

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : 21b-02-01314**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carroll, Jeffrey, C, ,**

Mailing Address 1831 Grampion Place

City  
ViennaState  
VAZip Code  
22182Purpose of Disbursement  
Fundraising Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Annual

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : 21b-02-01315**

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Davey Consulting LLC**

Mailing Address 322 17th Street NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Fundraising Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Annual

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : 21b-02-01316**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1650.00

4100.53

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. DCCC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

Mailing Address 430 South Capitol Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Annual

FEC Identification Number

**C****Transaction ID : 23-02-01317-4**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bera for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

Mailing Address PO Box 582496

City  
Elk GroveState  
CAZip Code  
95758Purpose of Disbursement  
Contribution

Candidate Name

**Bera, Amerish, , ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: CA

District: 07

FEC Identification Number

**C** C00461061**Transaction ID : 23-02-01325-c**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David Scott for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

Mailing Address PO Box 960821

City  
RiverdaleState  
GAZip Code  
30296Purpose of Disbursement  
Contribution

Candidate Name

**Scott, David, Albert, ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA

District: 13

FEC Identification Number

**C** C00369801**Transaction ID : 23-02-01326-**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

13000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Napolitano for Congress**

Mailing Address 555 Capital Mall #1425

City  
SacramentoState  
CAZip Code  
95814Purpose of Disbursement  
Contribution

Candidate Name

**Napolitano, Grace, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 32

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

**C** C00334706**Transaction ID : 23-02-01324-I**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brad Ashford for Congress**

Mailing Address PO Box 24023

City  
OmahaState  
NEZip Code  
68124Purpose of Disbursement  
Contribution

Candidate Name

**Ashford, Brad, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	6		

FEC Identification Number

**C** C00557181**Transaction ID : 23-02-01320-C**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Madeleine Bordello**

Mailing Address PO Box 2448

City  
HagatnaState  
GUZip Code  
96932Purpose of Disbursement  
Contribution

Candidate Name

**Bordello, Madeleine, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

**C** C00369686**Transaction ID : 23-02-01323-**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Josh Gottheimer for Congress**

Mailing Address PO Box 584

City  
RidgewoodState  
NJZip Code  
07451Purpose of Disbursement  
Contribution

Candidate Name

**Gottheimer, Josh, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

FEC Identification Number

**C** C00573949**Transaction ID : 23-02-01321-4**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Santarsiero for Congress**

Mailing Address PO Box 249

City  
NewtownState  
PAZip Code  
18940Purpose of Disbursement  
Contribution

Candidate Name

**Santarsiero, Steven, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

FEC Identification Number

**C** C00571455**Transaction ID : 23-02-01322-C**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Jane Dittmar**

Mailing Address PO Box 974

City  
CharlottesvilleState  
VAZip Code  
22902Purpose of Disbursement  
Contribution

Candidate Name

**Dittmar, Jane, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2016

FEC Identification Number

**C** C00585976**Transaction ID : 23-02-01318-**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Lisa Blunt Rochester for Congress**

Mailing Address PO Box 9767

City  
WilmingtonState  
DEZip Code  
19809Purpose of Disbursement  
Contribution

Candidate Name

**Rochester, Lisa, Blunt, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

FEC Identification Number

**C** C00590778**Transaction ID : 23-02-01319-4**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

27000.00